

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25897

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Walnut Grove Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Care (Charlie) Brandwein
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pessie Galsky
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 7 - 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business General farming

12. Name Augustus Brandwein

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Kustmann

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eula Arnold

(b) Address Walnut Grove, Mo. R. 3

17. (a) Burial (b) Date thereof Aug - 13 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakville Cemetery

18. (a) Signature of funeral director James Miller

(b) Address Walnut Grove

19. (a) August - 12 - 41 (b) James Miller
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Walnut Grove Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Jackson Township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country London, Germany

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19 Aug 10, 19 41
that I last saw him alive on Aug 10, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Abscess Duration _____

Due to Hypertension
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (z) Means of injury _____

23. Signature J. H. Barber (M. D. or other) Barber
Address Walnut Grove Date signed 8/12/41

10 1941

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Bernard Wright _____, Registered Apprentice No. 299
working under my personal supervision.

Signed Gene A. Brown

Licensed Embalmer No. 2664

P. O. Address Walnut Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.